

WAIVER

My son has my permission to participate in the above referenced summer football camps. I certify that within the past two years he/she has had a physical examination and that now he/she is physically able to participate in all football camp and other activities without restriction. In the event of illness or injury while participating in the Wausau West Summer Football Camps, **I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery.** I will be responsible for any medical or other charges in conjunction with my sons participation in football.

I acknowledge that in the Wausau West Summer Football Camps my son will participate in a sport that involves, among other things, physical contact of the body with other persons or objects, including the ground and that in football there is a risk of serious injury and possibly death. **I specifically waive, release and discharge the Wausau West Football Booster Club and its Board of Directors, Wausau School District, sponsors, coaches and supervisors from liability from any claim for damages,** which I or my son may have for injuries or illness that he/she may sustain while participating in the summer football camps

Parent(s) or Guardian(s) Name: _____

Parent(s) or Guardian(s) Signature: _____